

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2002

MERIDIANHOUSINGAUTHORITY

Meridian,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD5007 5)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHAPlan AgencyIdentification

**PHAName:** MeridianHousingAuthority

**PHANumber:** TX276v01

**PHAFiscalYearBeginning:(mm/yyyy)** 10/01/02

### PHAPlanContactInformation:

Name: Vicki Young

Phone: 254/435 -2601

TDD:

Email(if available): meridianhousing@htcomp.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered :

Public Housing and Section 8

☐ Section 8 Only

X Public Housing Only

**AnnualPHAPlan**  
**FiscalYear2002**  
[24CFRPart903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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X Attachment J: Performance and Evaluation Report	

## **ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Optional

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

In the process of implementing the Income Disregard Policy. Passbook Interest Rate for Imputed Income From Assets will be as follows: 2 percent as the rate to be used to impute income from assets in excess of \$5,000.

Rent Collection Policy 10% of rent assessed on the 6<sup>th</sup> day of the month with a minimum charge of \$10.00.

Adopted the Flat Rents March 2002

Personnel Policy to incorporate the new rate of \$0.365 for travel reimbursement.

Amended the Dwelling Lease to include the wording from Section 92.2611 of the Property Code adding an eviction clause and a \$50.00 service fee anytime a smoke alarm was tampered with or made inactive in any way.

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 66,364.00

C. X Yes: Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment B

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment C

## **3.D. Repeal and Disposition**

1. X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including activities associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

## 4. Voucher Homeownership Program

- A. X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

## B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the \_\_\_\_\_ program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant Meridian experience (list PHA experience, or any other organization to be involved and its experience, below):

## 5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☒ No: Is the PHA eligible to participate in \_\_\_\_\_ the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## 6. Other Information

[24CFR Part 903.79(r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) E \_\_\_\_\_

3. In what manner did the PHA address those comments? (select all that apply)

☒ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

☐ Yes ☐ No: below or

Yes at the end of the RAB Comments in Attachment F \_\_\_\_\_

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☒ No : Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### **A. Substantial Deviation from the 5 -year Plan:**

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

Revised 2002 CFP work item replace or repairs sidewalk was completed in the 2000 CFP. Abatement of asbestos has been added.

All other work items will be completed as scheduled

### **B. Significant Amendment or Modification to the Annual Plan:**

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

2000 and 2001 CFP have been combined in order to award the construction for air conditioning and to complete the work items that REAC stated (sidewalk repairs and plumbing). These items have been corrected.

2001 CFP will include work for staff \$2,400.00 and each Capital Fund Budget thereafter.

## **Attachment A** **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans



List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA) .	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant Meridian data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**ATTACHMENTB****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

<b>PHAName:</b> MeridianHousingAuthority		<b>GrantType andNumber</b> TX21P27650202 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> 2002	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:     )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalP erformanceandEvaluationReport</b>					
<b>Line No.</b>	<b>SummarybyDevelopmentAccount</b>	<b>TotalEstimatedCost</b>		<b>TotalActualCost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	2,500.00			
4	1410A dministration	5,800.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	13,467.00			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	44,597.00			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Con tingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	66,364.00			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20 RelatedtoEnergyConservation Measures				

## ATTACHMENTB

# Annual Statement/Performance and Evaluation Report

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## PartII:SupportingPages

[illegible]

## PartII:SupportingPages

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## PartIII:ImplementationSchedule

[illegible]

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAMeridianHousingAuthority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:2005	WorkStatementf orYear5 FFYGrant:2006 PHAFY:2006
	Annual Statement				
TX276 -001		43,797.00	43,797.00	43,797.00	43,797.00
TX276 -HA		22,567.00	22,567.00	22,567.00	22,567.00
CFPFundsList edfor 5-yearplanning		66,364.00	66,364.00	66,364.00	66,364.00
ReplacementHousing FactorFunds					



CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2003 PHAFY:2003			ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>	TX276 -001	Replacewindows throughoutinallunits andinstallnewsecurity windowsscreens	40,797.00	TX276 -001	Complete –Replace windowsthroughoutin allunitsandinstallnew securitywindows screens	40,797.00
<b>Statement</b>		Rehabentireorwhole units(electrical, plumbingremodelwork andetc.)andother accouterments	3,000.00		Rehabentireorwhole units(electrical, plumbingremodelwork andetc.)andother accouterments	3,000.00
TotalCFPEstimatedCost			43,797.00			43,797.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>	TX276 -001	Replacekitchencabinets withnewwoo d includingcountertops, stainlesssteelsinks,and fixtures	40,797.00	TX276 -001	Paintinteriorofunits	20,760.00
Statement		Rehabentireorwhole units(electrical, plumbingremodelwork andetc)andother accouterments	3,000.00		Replace2mailboxshe lters withnewandmake handicappedaccessible	18,037.00
					Providefundsforsewerwork	5,000.00
TotalCFPEstimatedCost			43,797.00			\$43,797.00

## PartII:SupportingPages —WorkActivities

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## PartII: SupportingPages —WorkActivities

# PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an “x”)**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of

Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD or "W" for waivers.

-approved extensions or waivers. For grant extensions received, place "GE" in column

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5 - 10 sentences.

### **B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY ____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback/TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	

9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

### C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovideinformationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsoractivitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPF unding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -Gun BuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							



<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

## Required Attachment D: Resident Member on the PHA Governing Board

1. Yes Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Ross Trester

B. How was the resident board member selected: (select one)?

Appointed

C. The term of appointment is (include the date term expires):

2 year term – August 2001 till August 2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires its members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of governing board member:

August 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor, Jess Taylor

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide descriptions sufficient to identify how members are chosen.)

Ruth Nitcholas,                      Joyce Denmark                      Katie Harrell

Ruth: No recommendations at this time, each person she spoke with was satisfied with their apartments as they are. She highly recommended the Housing Authority unit to others. She appreciated the Director Vicki Young and Clerk Angela Burden and all the hard work they do. She said they had always been nice to her and they did a good job.

Katie: It would be nice to have an outside electrical plug like the ones being put on the units getting upgraded electrical systems. She did not hear any other requests from residents. She guessed there were other units like hers that had older appliances that might need changing out. In general she was satisfied with everything.

Joyce: The ground fault plugs were installed upside down and products with transformers had to be plugged in that way. They worked but they are in upside down. She asked if we could cover the porch lights in such a way so as not to shine in the faces of persons sitting outside. We discussed placing a small piece of foil on the side of glass facing out or perhaps paint that glass panel so that the light would shine toward the door and windows of the building it was attached to. New windows and screen planned will be very good. She asked about the time frame on installation. She saw no other things to change in the plan that we seemed right on target.

## **Attachment F: EXPLANATION OF PHA RESPONSE TO COMMENTS OF RESIDENT ADVISORY**

No item warrants outlay of Capitol Funds other than specified in the Plan. We will look into outside plugs and will see if we can do this under routine maintenance. Appliances are replaced on a regular schedule and we will also get maintenance to look into the GFI plug installation to see if we can turn them over.

## **ATTACHMENT G: Deconcentration and Income Mixing**

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

### **ATTACHMENT H: VOLUNTARY CONVERSION INITIAL ASSESSMENTS**

- A. How many of the PHA’s developments are subject to the Required Initial Assessments. Project 001
- B. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

All general occupancy.

- C. How many Assessments were conducted for the PHA’s covered developments?

One “CHAS” report

- D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

NONE

Development Name	Number of Units

- E. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

Conversion to vouchers at this time would have an adverse effect on the availability of affordable housing in our community at this time.

## **ATTACHMENT I: PROGRESS REPORT UPDATE ON GOALS AND ACTION PLAN FOR THE PHAS RESIDENTS SURVEY**

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

### **Progress Statement:**

On-going, through training, the PHA and board members will have the knowledge as needed for the new laws and regulations to better serve the needs of the residents.

On-going, existing policies and procedures will be reviewed and if warranted, develop written recommendations for policy revisions to the Board and the Resident Advisory Board.

On-going, through the receipt of CFP funds we will continue to modernize as needed to promote a better living environment for our residents.

### **Meridian Housing Authority's Resident Survey Follow-up Plan Addressing problems, in sections on Communications, Safety and Neighborhood Appearance.**

**Communications** – Meet with residents to identify concerns with management. Train staff to be more responsive to resident needs and to communicate effectively and politely. Executive Director will notify the residents of any upcoming events and safety suggestions.

**Safety** - Our goal is to achieve an open door policy and have the residents report criminal activities to the Meridian Housing Authority and to the local police department. Executive Director has notified the local Sheriff's office to make rounds through the area on a nightly basis.

**Neighborhood Appearance** – The Authority and Maintenance personnel will work to make sure the appearance of the development is well maintained. An effort is still being made to get residents involved in maintaining their own development, which will have a renewed respect for the development.

ATTACHMENT J Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Meridian Housing Authority		Grant Type and Number TX21P27650101 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies XX Revised Annual Statement (revision no: 1 )			
XX Performance and Evaluation Report for Period Ending: 3/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	7,000.00	2,000.00		
4	1410 Administration	800.00	800.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,967.00	13,967.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	3,232.00		
10	1460 Dwelling Structures	46,637.00	48,405.00	46,637.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	3,000.00	3,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	71,404.00	71,404.00	46,637.00	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENTJ****AnnualStatement/Per formanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:MeridianHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P27650101 CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX276-001	REACFindsimprovesite grading/sidewalks	1450		0.00	3,232.00			
	<b>SUBTOTAL</b>	<b>1450</b>			<b>3,232.00</b>			
	Replaceexistingcentralhea tingunits withnewincludingcentralair conditioning(12SEER)inallunits	1460		44,887.00	44,887.00	44,887.00		
	Installceilingfans	1460		1,750.00	1,750.00	1,750.00		
	REACfindings –repairorreplace plumbinginunits	1460		0.00	1,768.00			
	<b>SUBTOTAL</b>	<b>1460</b>		<b>46,637.00</b>	<b>48,405.00</b>	<b>46,637.00</b>		
	<b>TX276 -001TOTAL</b>			<b>46,637.00</b>	<b>48,405.00</b>	<b>46,637.00</b>		



**ATTACHMENTJ****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplac ementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:MeridianHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P27650101 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX276-HA								
	Providefundsforsoftware	1408		5,000.00	0.00			
	Hireaconsultanttoassistwithannual plan	1408		2,000.00	2,000.00			
	<b>SUBTOTAL</b>	<b>1408</b>		<b>7,000.00</b>	<b>2,000.00</b>			
	Providefundsforsundryitems	1410		800.00	800.00			
	<b>SUBTOTAL</b>	<b>1410</b>		<b>800.00</b>	<b>800.00</b>			
	Hireanarchitect/engineertodevelop drawingsandspecifications	1430		9,404.00	9,404.00			
	Hireanonsiteinspector	1430		3,763.00	3,763.00			
	Providefundsforreproductionofprints	1430		800.00	800.00			
	<b>SUBTOTAL</b>	<b>1430</b>		<b>13,967.00</b>	<b>13,967.00</b>			
	Providefundsforcomputerandprinter	1475		3,000.00	3,000.00			
	<b>SUBTOTAL</b>	<b>1475</b>		<b>3,000.00</b>	<b>3,000.00</b>			
	<b>HA WIDENEEDS TOTAL</b>			<b>24,767.00</b>	<b>19,767.00</b>			

### Part III: Implementation Schedule

[illegible]

<b>ATTACHMENT J Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Meridian Housing Authority		Grant Type and Number: TX21P27650100 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies XX Performance and Evaluation Report for Period Ending: 3/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	1,000.00	3,539.00	3,539.00	682.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,360.00	20,563.00	20,563.00	14,718.68
8	1440 Site Acquisition				
9	1450 Site Improvement		8,879.00	8,879.00	8,879.00
10	1460 Dwelling Structures	54,621.00	37,000.00	37,000.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>69,981.00</b>	<b>69,981.00</b>	<b>69,981.00</b>	<b>24,279.68</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFact****or(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:MeridianHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P27650100 CapitalFundProgram ReplacementHousingFactor#:				Federal FYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX276-001								
	Replaceexistingwaterlineswithnew	1450			4,569.00	4,569.00	4,569.00	
	InstallFrenchdrainstopreventstanding water	1450			4,310.00	4,310.00	4,310.00	
	<b>SUBTOTAL</b>	<b>1450</b>			<b>8,879.00</b>	<b>8,879.00</b>	<b>8,879.00</b>	
	Replaceexistingcentralheat ingunits withnewincludingcentralair conditioning(13SEER)inallunits	1460		54,621.00				
	Upgradeelectricaltoaccommodatenew HVAC	1460			20,000.00	20,000.00		
	Installnewceilingfansinunits	1460	40		17,000.00	17,000.00		
	<b>SUBTOTAL</b>	<b>1460</b>		<b>54,621.00</b>	<b>37,000.00</b>	<b>37,000.00</b>		
	<b>TX276 -001TOTAL</b>			<b>54,621.00</b>	<b>45,879.00</b>	<b>45,879.00</b>	<b>8,879.00</b>	

**ATTACHMENTH****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:MeridianHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P27650100 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX276-HA								
	Providefundsforsundryitems	1410		1,000.00	1,000.00	1,000.00	682.00	
	Hireparttimehelp	1410			2,539.00	2,539.00		
	<b>SUBTOTAL</b>	<b>1410</b>		<b>1,000.00</b>	<b>3,539.00</b>	<b>3,539.00</b>	<b>682.00</b>	
	Hireanarchitect/engineertodevelop drawingsandspecifications	1430		9,797.00	9,797.00	9,797.00	7,837.60	
	Hireanonsiteinspector	1430		3,763.00	3,763.00	3,763.00		
	Providefundsforreproductionofprints	1430		800.00	800.00	800.00	678.08	
	Testunitsforasbestosandleadbased paint	1430			6,203.00	6,203.00	6,203.00	
	<b>SUBTOTAL</b>	<b>1430</b>		<b>14,360.00</b>	<b>20,563.00</b>	<b>20,563.00</b>	<b>14,718.68</b>	
	<b>HAWIDENEEDSTOTAL</b>			<b>15,360.00</b>	<b>24,102.00</b>	<b>24,102.00</b>	<b>15,401.18</b>	

### Part III: Implementation Schedule

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